

**The Graham School
2016-2017 Contact Information**

**For your student's safety, notify the school immediately if
any of the following contact information changes.**

Date: _____

Student's Legal Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Home Phone _____ Student cell _____

=====
Parent/Guardian Name _____ Relationship _____

Legal guardian of student? Yes No Lives with student? Yes No Shared custody

Address (if different from student) _____

Home Phone (if different from student) _____ Cell Phone _____

E-Mail _____ Work Phone _____

Employer _____ Employer Address _____

=====
Parent/Guardian Name _____ Relationship _____

Legal guardian of student? Yes No Lives with student? Yes No Shared custody

Address (if different from student) _____

Home Phone (if different from student) _____ Cell Phone _____

E-Mail _____ Work Phone _____

Employer _____ Employer Address _____

If parents live separately, please send a second copy of report cards Yes No

People listed below are also allowed to pick up this student from school:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Please be advised that your student will only be released during school hours to the listed guardians above in the event we are unable to contact you or as deemed appropriate by the Dean of Students.

Parent/guardian signature _____ Date _____